

Vehicle/Vessel Contract Application

Sent 10/13/15
9:50AM

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name CABELAS			
Contract contact/manager (IVIPS and Bulk records accounts) TIM KLONTZ		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number 360 474 5923	Email (required for IVIPS and Bulk records) TIM.KLONTZ@CABELAS.COM	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 9810 QUAIL CEDA BLVD TULALIP WA 98271			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 602823536
2 Provide a detailed explanation of your primary business activity (exactly what your business does). VEHICLE / VESSEL DEALER			
3 Check all that apply to you and/or your business			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent </div> <div style="width: 33%;"> <input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private </div> <div style="width: 33%;"> <input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ </div> </div>			

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

WHEN A CUSTOMER TRADES IN THEIR BOAT & TRAILER, AS A BUSINESS WE NEED TO MAKE SURE THAT THE TITLES ARE CLEAR OF ANY & ALL LEINS.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

ONLY IF THEIR TITLE HAS A LEIN, CALL CUSTOMER.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ I represent a government agency. Agency name: _____
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☒ I represent a Washington State business. Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ I am a process server. Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ I represent a non-profit organization or corporation.
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ I represent a data broker/reseller – attach a legible copy of your current business license.
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ I am an attorney.* Attach legible copies of:
- your current business license
 - your current bar card
- ☐ I am a private investigator.* Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

MANAGER

Title

10-13-15 SNOHOMISH

Date and place (county) signed

X _____
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

*We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.*

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name CABELAS WHOLESALE INC.	Contact name TIM KLONTZ	Email TIM.KLONTZ@Cabelas	Telephone # 360 474 5923
	Address, City, State, ZIP code 9810 QUILCEDA BLVD TULALIP WA 98271		Subscriber's permissible use WHEN A CUSTOMER TRADES IN THEIR TRAILER BOAT WE NEED TO MAKE SURE THE BOAT & TRAILER HAS A CLEAR TITLE	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2	Legal business name CABELAS WHOLESALE, INC	Contact name Rebecca Powers	Email Rebecca.Powers@Cabelas	Telephone # 360 474-5935
	Address, City, State, ZIP code 9810 QUILCEDA BLVD TULALIP WA 98271		Subscriber's permissible use WHEN A CUSTOMER TRADES IN THEIR BOAT & TRAILER, NEED TO KNOW IT HAS A CLEAR TITLE.	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF
WASHINGTON

BUSINESS LICENSE

Foreign Profit Corporation

Unified Business ID #: 602 823 536

Business ID #: 1

Location: 2

Expires: 05-31-2016

CABELA'S WHOLESALE, INC.

CABELA'S

9810 QUIL CEDA BLVD

TULALIP WA 98271

TAX REGISTRATION

INDUSTRIAL INSURANCE

OFF-ROAD VEHICLE DEALER #0790

VESSEL DEALER #7876

MISC VEHICLE DEALER SUB #6643

SCALE-SMALL (2)

L P GAS METER-SMALL (1)

SEED DEALER

UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

CABELA'S

STATE OF WASHINGTON - DEPARTMENT OF LICENSING

DEALER/MANUFACTURER CONTROL DIVISION

A LICENSE/REGISTRATION HAS BEEN ISSUED IN ACCORDANCE
WITH RCW 88.02 IN BEHALF OF VESSEL DEALER
REGISTRATION # WN7876D-A

CABELA'S

1 CABELA DR

SIDNEY NE 69160

ACCOUNT NUMBER	LICENSE NO.	EXPIRATION DATE
602 823 536 001 00	7876A	05 31 16
	MO.	DAY YR.

DIRECTOR

DISPLAY PROMINENTLY

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